



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

<b>SERIAL NUMBER</b> 09/647,007	<b>FILING DATE</b> 09/26/2000 <b>RULE</b> -	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2663	<b>ATTORNEY DOCKET NO.</b> 40264
<b>APPLICANTS</b> S. Joseph Campanella, Gaithersburg, MD ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/US98/14280 07/10/1998 WHICH CLAIMS BENEFIT OF 60/079,591 03/27/1998				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** 10/26/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Michael</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 41  <b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> John E Holmes Roylance Abrams Berdo & Goodman Suite 600 1300 19th Street NW Washington ,DC 20036				
<b>TITLE</b> Digital broadcast system using satellite direct broadcast and terrestrial repeater				
<b>FILING FEE RECEIVED</b> 942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 647007 RECEIPT DATE: 09 / 26 / 00  
IA NUMBER: PCT/ US98 / 14280 IA FILING DATE: 07 / 10 / 98  
FAMILY NAME: CAMPANELLA DELAY WAIVED (Y/N): N  
GIVEN NAME: JOSEPH S DEMAND RECEIVED (Y/N): Y  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 03 / 27 / 98  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: 40264 COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
FAX  
NAME: ROYLANCE ABRAMS BERDO GOODMAN  
STREET: 1300 19TH STREET N W SUITE 600  
CITY: WASHINGTON  
STATE/COUNTRY: DC ZIP: 20036  
EMAIL:  
APPLICATION TITLES:  
DIGITAL BROADCAST SYSTEM USING SATELLITE DIRECT BROADCAST AND TERRESTR  
IAL REPEATER

TAB TO LAST POSITION,PUSH SEND